MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	,
18	COURS
101	344401
ADDI ICANTI	(6)

FILING DATE

	CL	ΑI	N	1	S
--	----	----	---	---	---

	ACELLED		AFTER		AFTER C	
	AS FILED		1 ⁴ AMENDMENT		2 nd AMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	~		-			
3		 	, f			
4		/	• /			
5			/			
6		/		7		
7				٦		
8						
9				/		
10			J	,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
11				 		
12						\vdash
13 14				-/		
15				 		
16				 		
17	<u> </u>			1/		
18				1/		
19			Ī		` `	
20				8)		
21				(0)		
22		<u> </u>		1		
23	.	<u> </u>	,			igsquare
24	 			ļ		ļ
25	ļ			<u> </u>	<u> </u>	
26	ļ	 			<u> </u>	
27	}		-			
28 29				 		
30	-		1	 		
31	*			 		1
32	1					
33						
34						110000000000000000000000000000000000000
35						
36				ļ		
37						igspace
38						
39		ļ				
40			}	ļ		
41		 				┼
42			-	 	 	╁──┤
43		 	1	 	 	┼
45	 	 	 	 		
46	 	 		 		
47	†	1	1	 		
48	1	1				
49						
50						
TOTAL		I	5	L		
IND.	-	」 ▼	70] 🔻		1
TOTAL DEP.		(\sqrt{Q}	(+		—
TOTAL		384. B	13	A TOP OF	-	

15			AFTER		AFTER		
	AS FILED		AFTEK 1"AMENDMENT		AFIER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53				1			
54 55							
56							
57							
58							
59							
60							
61 62					-		
63							
64							
65							
66							
67	· · ·	ļ					
68		-		 			
69 70				-		<u> </u>	
71							
72							
73							
74							
75		<u> </u>		ļ		 -	
76 77		-		 		 	
78	 			 		-	
79				1 "			
80							
81							
82				-			
83			-				
85				 			
86		1		<u> </u>			
87							
. 88							
89				-			
90	<u> </u>	 		 		ļ	
91 92	 	 	 	 		 	
92	}	 		 	-	 	
94	 	 		†			
95							
96							
97				 	<u> </u>	<u> </u>	
98	1	 		 	}	 	
99 100	 	 		 		 	
TOTAL		 					
IND.] 🕶] 🔷] 🔻	
TOTAL DEP.		+		+		+	
TOTAL CLAIMS						The state of	